## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, ty is changed) over the lines	
ADDRESS (number and s	street)  1120 Connecticut Ave, NW  Ste 1100	
is changed)	Washington CITY▲	DC 20036 - 1 20036 - 1 20036 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAI  (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)  cfines@emilyslist.org	
COMMITTEE'S WEB I  (Check if address is changed)	PAGE ADDRESS (URL)  www.womenvoteproject.org	
<ol> <li>DATE M M M M O 4</li> <li>FEC IDENTIFICA</li> <li>IS THIS STATEM</li> </ol>	1 4 2 0 1 1  TION NUMBER C C00473918	(A)
Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, co	orrect and complete
Signature of Treasurer	Electronically Filed by Caroline Fines	Date
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing to ANY CHANGE IN INFORMATION SHOULD BE REPO	· · · · · · · · · · · · · · · · · · ·
Office Use Only	For further information of Federal Election (Toll Free 800-424	Commission FEC FORM 1 -9530 (Revised 02/2009)